Fox (S. A.)

Naso-Pharyngeal Carcinoma. Report of a Case, with a Consideration of the Treatment of this Disease.

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SIDNEY ALLAN FOX, M. D.,

SURGEON-IN-CHIEF TO THE BROOKLYN DISPENSARY FOR THE TREATMENT OF THE NOSE, THROAT, AND LUNGS.

REPRINTED FROM

The New York Medical Journal

for March 8, 1890.

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NASO-PHARYNGEAL CARCINOMA.

REPORT OF A CASE, WITH A CONSIDERATION OF THE TREATMENT OF THIS DISEASE.*

By SIDNEY ALLAN FOX, M. D.,

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That carcinoma of the naso-pharynx is a rare disease no one familiar with the literature of the subject will deny. In one of the most recent works, by an eminent specialist, on diseases of the nose and throat, we find only six authentic cases reported, and of these only one occurred in the exceedingly large experience of the author. By naso-pharyngeal carcinoma is meant any of the three forms of cancer—viz., epithelioma, scirrhus, or medullary cancer—having its origin in the naso-pharynx. In looking up the subject I have consulted the following authorities—viz.: Bosworth, Sajous, Seiler, Browne, and Mackenzie. I find nothing satisfactory except in Bosworth's book, and he devotes only a single chapter of four pages and a half to this subject. My excuse, then—if one be needed—for reporting the following case of primary naso-pharyngeal epithelioma is its rarity:

On October 2, 1889, Mr. J. M. called upon me with the following note from my esteemed friend Dr. George R. Fowler:

* Read before the Medical Society of the State of New York at its eighty-fourth annual meeting.

"*October 2, 1889.*

"DEAR DR. FOX—This will introduce to you Mr. M., who is suffering from a growth in the naso-pharynx. He has been under treatment elsewhere, but, becoming discouraged, came to me for the purpose of obtaining my judgment as to the speediest way out of his troubles. . . . The evident Eustachian trouble, I judge, is likely to result in the loss of his position, which adds to his anxiety. Pray take his case under your skillful care.

"Very truly yours, GEORGE R. FOWLER."

Mr. M. was forty years old, was married, and a clerk by occupation. He was thin, nervous, and cachectic, the face presenting a peculiar doughy or putty-like color. He stated that he had pain in the top of the head and also frontal headache. His appetite was poor; he was unable to sleep at night because of an inability to breathe through the nose and the constant annoyance of mucus dropping into the throat. His hearing was very much impaired, and he complained of rumbling noises in the ears. He was at times diplopic. The odor from the naso-pharynx was fœtid in character, and this made the sufferer offensive to every one with whom he came in contact. The patient stated that he preferred death to his existing condition. An anterior rhinoscopic examination proved negative, but posterior rhinoscopy showed the post-nasal space plugged with a cauliflower-like growth. The lateral walls of the pharynx, as well as its posterior wall, were matted with the growth, as were also the choanæ and the spaces about the Eustachian orifices. There was no evidence of external or internal glandular involvement. As I had never seen a case like this before, I was considerably puzzled. I, however, removed with the post-nasal cutting forceps about an ounce of the mass, and sent a specimen of it to Dr. Eugene Hodenpyl for microscopic examination. He reported as follows:

"LABORATORY OF THE ALUMNI ASSOCIATION OF THE COLLEGE OF PHYSICIANS AND SURGEONS, No. 437 WEST FIFTY-NINTH STREET, NEW YORK, *October 21, 1889.*

"DEAR DOCTOR: I have completed the examination of the specimen sent me on October 17th. A considerable number of

the larger bits of tissue are blood-clots and shreds of mucous membrane. There are, however, a number of whitish masses which present on section the characteristic picture of epithelioma. These nodules, moreover, contain a large number of thin-walled blood-vessels, many of which contain blood in their lumina. The cells in the nodule are so arranged that I can not entertain the possible diagnosis of leukoplakia.

"I am yours sincerely, EUGENE HODENPYL."

Realizing that I had a very serious case on hand, I consulted Dr. Fowler. We agreed that we would best try Annandale's operation for removal of the growth. With this object in view, the patient was admitted to the Methodist Episcopal Hospital on October 24, 1889. For the following history and report of the case from that date I am indebted to my friend Dr. James S. Reeve, the house surgeon:

Patient has enjoyed good general health, although he has not been robust. Family history is excellent. Patient has never had any very serious illness. In the winter of 1887–'88 he was exposed to very bad climatic influences, being out of doors much in cold and rainy weather. His occupation at that time and for some time following was such as to require him to use his voice a great deal.

In November, 1888, he was much exposed to wet and cold weather, and this was followed by sharp pain in the ear, partial deafness, and a feeling as if his own voice was very loud. His general strength began to fail somewhat, and his nervous system to deteriorate. In April, 1889, he overworked greatly, and his physical condition grew still worse. At this time he began to be troubled very much with headache, especially in the day-time. He was also troubled with the earache above mentioned, with deafness, and with obstruction of the posterior nares. This has continued ever since. He has received a variety of treatments, including catheterization of the Eustachian tube, cauterization, etc. Examination previous to admission had shown a neoplasm occupying the lateral pharyngeal wall and naso-pharynx, blocking up more or less completely the posterior nares. A considerable mass was removed

at one time, microscopic examination of which showed it to be an epithelioma.

In spite of all treatment, the patient has grown steadily worse, and he is admitted for removal of the growth at all hazards. Demonstration by Dr. Fox shows a large mass of new growth occupying the lateral walls of the pharynx and the whole naso-pharynx, extending well into the posterior nares.

October 24th.—Admitted to ward on full diet.

29th.—Operation by Dr. Fowler. Annandale's operation was performed, the upper lip being reflected and a separation of the hard palate being made by sawing from the nasal cavity. It was found that sufficient separation of the palate could not be obtained because of its very narrow and peculiarly arched shape.

The soft palate being divided, the growth was removed with curved cutting forceps, the different portions of the growth being detected by the index-finger. The soft parts were sutured with catgut, bone wired.

30th.—Patient has reacted excellently from the operation. Had no pain last night. Nose irrigated with boro-salicylic solution.

November 2d.—Allowed farinaceous diet. Nose irrigated daily. The odor is quite offensive.

3d.—Allowed to sit up.

6th.—Allowed clothes.

10th.—Allowed restricted diet. Breathing is fairly good through both nares. Patient does not gain strength very rapidly, but otherwise is doing well.

14th.—There is considerable swelling about the eye and some tendency to strabismus. Nose is becoming closed, so that irrigation from nose into the mouth is impossible. Ordered solution of sulphate of atropine (two grains to an ounce) instilled into eye twice daily.

25th.—Patient is growing steadily weaker. There are evidences of a return of the growth. Ordered chloroform liniment for back, p. r. n., for muscular pain.

27th.—Ophthalmoscopic examination shows optic disc very greatly clouded except at lower and inner angle.

December 12th.—Condition has not materially changed since last note. Ordered liquor potassii arsenitis, five minims, every night; dilute hydrochloric acid, ten minims, thrice daily. Patient complains of insomnia.

18th.—Mouth-wash made of solution of permanganate of potassium. Nose irrigated daily. Patient grows steadily weaker. Is not able to sit up. Insomnia, anorexia, and general depressed condition are marked. Odor of breath is very offensive. Diet is made as nutritious and varied as possible. Patient does not complain greatly of actual pain.

22d.—Ordered spiritus frumenti, half an ounce, day and night. Tincture of digitalis, ten minims; sulphate of atropine, one one hundred and fiftieth of a grain every three hours day and night.

23d.—Patient has loss of power in left hand. Right side of face is swollen and puffy.

24th.—Failing steadily. Breathing very difficult. Pulse rapid. Patient semi-delirious.

25th.—Patient sank steadily all day, and died at 8.30 P. M. Pulse grew very rapid and feeble, but patient presented few symptoms beyond those of general failure of vital powers.

Autopsy, December 27, 1889.—Body emaciated. In and around the pharynx are growths of epitheliomatous character. Larynx, trachea, and œsophagus normal; blood-vessels of brain normal; œdema over convexities; pia normal. At the base of the skull in middle fossa is a loss of substance involving the body and portion of greater wing of the sphenoid bone and eroding the inner end of the petrous portion of the temporal, making an irregular opening about three inches in diameter. This space is distended with the broken-down tumor mass and clots, and leads directly into the naso-pharynx. The growth involves the left orbit, possibly also the right. On posterior surface of right lung is a little fresh fibrin; lungs œdematous; heart normal; spleen enlarged.

The report of this case is, so far as I have been able to ascertain, the only complete one in existence. By com-

plete I mean that a microscopic examination of the growth established the diagnosis; that then an operation was done to remove the growth; and that subsequently an autopsy was performed.

The table of naso-pharyngeal carcinoma to date, according to Bosworth, to which I add my own case, is as follows:

No. 1. Reported by Durand-Fardel. The diagnosis was not established by microscopic examination. No operation was performed, but an autopsy was held. The tumor is reported as one of scirrhus and was probably of primary origin.

No. 2. Reported by Maisonneuve. The diagnosis was established; an operation was performed, but an autopsy was not secured. The growth was diagnosticated as being a carcinoma, and was probably of secondary origin.

No. 3. Reported by Lotzbeck. The diagnosis was established; operation not performed, but an autopsy was made. The growth is reported as carcinoma, and was probably of secondary origin.

No. 4. Reported by Flour. The diagnosis was guessed at, for no microscopic examination was made; no operation was performed and no autopsy made. The growth was regarded as a carcinoma, and was probably of secondary origin.

No. 5. Reported by Schmid. The diagnosis was made by microscopic examination; an operation was performed; no history of an autopsy. The growth was a primary small-celled medullary carcinoma.

No. 6. Reported by Bosworth. The diagnosis was established by the microscope; several operations were performed, but no autopsy was made. The growth was a "medullary cancer involving lymph tissue," and was of primary origin.

No. 7. Reported by Sidney Allan Fox. A microscopic diagnosis was made. Annandale's operation was performed, and an autopsy was secured. The growth was a primary epithelioma.

Prognosis.—The prognosis in such cases is, I believe, invariably fatal.

Treatment.—The only treatment that should ever be considered in this class of cases is as follows: Generous diet, tonics, disinfecting and deodorizing washes to cleanse and remove the fœtor, and a thorough removal, from time to time, of the growth with the post-nasal cutting forceps and wire snare. The operative part of the treatment can be rendered almost painless by the use of cocaine, and can be done as thoroughly and as radically, if not better, than can be accomplished by the numerous capital operations recommended and sometimes performed. The latter endanger the life of the patient and cause more or less mutilation; moreover, the loss of blood and the shock thereby sustained can ill be borne by the patient.

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